

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER	
Paul L. McCconomy, Sr.,	OS-785 (Sue)	
DEFENDANT	TYPE OF PROCESS	
DR. SATTIE ALIE	OC	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
→	DR SATTIE ALIE (STATE OF DELAWARE - PRISON MEDICAL)	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 90 FIRST CORRECTIONAL MEDICAL (F.C.M) 6861 NORTH ORACLE ROAD, TUCSON, AZ 85704	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input checked="" type="checkbox"/> PAUL L. McCconomy, Sr. 110 NORTH POPLAR STREET WILMINGTON, DE 19801		
Number of process to be served with this Form - 285 1		
Number of parties to be served in this case (1-12)? *		
Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PAUPER CASE

Fold

* SEE APPEAL, THIRD CIRCUIT

Signature of Attorney or other Originator requesting service on behalf of:

Paul L. McCconomy, Sr.

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER (302) 753-0296	DATE 5-3-6
<input type="checkbox"/> DEFENDANT	" 323-0257	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 1	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk fle	Date 5-23-06
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	FILED	A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	MAY 24 2006	Date of Service 5/23/06	Time am pm
	U.S. DISTRICT COURT	Signature of U.S. Marshal or Deputy fle	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Per Sue Cianciolo, FCM, FCM will not accept for individuals. Only for FCM.
Return Unexecuted

BP 5/23/06